

**AUG 05 2005****FAX TRANSMISSION****DATE:** August 5, 2005**PTO IDENTIFIER:** Application Number 10/757616-Conf. #4792  
Patent Number**Inventor:** Rima KADDURAH-DAOUK et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Cynthia M. Soroos

**PHONE:** (617) 227-7400**Attorney Dkt. #:** MBZ-001CN**PAGES (Including Cover Sheet):** 9**CONTENTS:** Amendment Transmittal (1 page)  
Supplemental Amendment (6 pages)  
Certificate of Transmission (1 page)

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**LAHIVE & COCKFIELD, LLP**  
28 State Street, Boston, Massachusetts 02109  
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

AUG 05 2005

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. MBZ-001CN	
Application No. 10/757816-Conf. #4792		Filing Date January 13, 2004		Examiner H. Calemite	
				Art Unit 1637	
Applicant(s): Rima KADDURAH-DAOUK et al.					
Invention: METHODS FOR DRUG DISCOVERY, DISEASE TREATMENT, AND DIAGNOSIS USING METABOLOMICS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	12	- 64 =		x	
<b>Independent Claims</b>	3	- 11 =		x	
Multiple Dependent Claims (check if applicable)				<input checked="" type="checkbox"/>	
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Cynthia M. Soroos Attorney Reg. No.: 53,623  LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					Dated: <u>August 5, 2005</u>
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: August 5, 2005      Signature: <u>Cynthia M. Soroos</u> (Cynthia M. Soroos)					

PTO/SB/97 (09-04)

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Application No. (if known): 10/757616

Attorney Docket No.: MBZ-001CN

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Amendment Transmittal (1 page)  
Supplemental Amendment (6 pages)

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Dated: August 5, 2005

Signature: 

(Cynthia M. Sarros)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Kaddurah-Daouk, Rima *et al.*

Serial No.: 10/757,616

Filed: January 13, 2004

For: Methods for Drug Discovery, Disease  
Treatment, and Diagnosis Using Metabolomics

Attorney Docket No.: MBZ-001CN

Group Art Unit: 1637

Examiner: Heather Calamita

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Dear Sir:

This is in response to the Office Action mailed from the U.S. Patent and Trademark Office on February 7, 2005 and the telephonic interview between Examiners Fredman and Calamita and Applicants' Attorneys on June 29, 2005. This amendment is supplemental to the Amendment and Response filed on May 27, 2005. Please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.